

Case Number:	CM14-0123525		
Date Assigned:	08/08/2014	Date of Injury:	04/11/2014
Decision Date:	09/12/2014	UR Denial Date:	07/19/2014
Priority:	Standard	Application Received:	08/05/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 56-year-old female with a date of injury of 04/11/2014. The listed diagnoses are: 1. Strain of left shoulder. 2. Sprain, lumbar spine, right. 3. Adhesive capsulitis, left shoulder. According to progress report 07/18/2014, the patient presents with left hand, left shoulder, and right side low back pain. Her pain level is 7/10. Patient reports she has been having continued pain but with good response to medication. She is doing home exercise program 2 to 3 times a day. Examination of the shoulder revealed pain on motion and pain to palpation present over the left posterior rotator cuff. Examination of the lumbar spine revealed pain on motion with flexion and twist trunk. Treater is requesting a refill of omeprazole 20 mg, Norflex 100 mg, and additional 6 physical therapy visits. Utilization review denied the request on 07/19/2014.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Omeprazole 20mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: This patient presents with left hand, left shoulder, and right side low back pain. The treater is requesting a refill of omeprazole 20 mg. Review of the medical file indicates on 04/29/2014 treater added omeprazole to patient's medication regimen. On 05/06/2014, it was noted "omeprazole helping with spitting." On 05/27/2014, it was noted omeprazole helps, but when she takes pain medication, "she throws up." The MTUS Guidelines page 68 and 69 state that omeprazole is recommended with precaution for patients at risk for gastrointestinal events: (1) Age is greater than 65, (2) History of peptic ulcer disease and gastrointestinal (GI) bleeding or perforation, (3) Concurrent use of Acetylsalicylic Acid (ASA) or corticosteroid and/or anticoagulant, (4) High dose/multiple non-steroidal anti-inflammatory drug (NSAID). Review of the medical file does not indicate the patient is taking NSAID. In this case, there is no indication that the patient is taking NSAID to consider the use of Prilosec. Furthermore, the treater does not provide a discussion regarding GI issues such as gastritis, ulcers, or reflux that requires the use of this medication. The request is not medically necessary.

Norflex 100mg: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63.

Decision rationale: This patient presents with left hand, left shoulder, and right side low back pain. The treater is requesting refill of Norflex 100mg. Norflex is a muscle relaxant similar to Flexeril. MTUS guidelines do not recommend long-term use of muscle relaxants and recommends using it 3 to 4 days of acute spasm and no more than 2 to 3 weeks. Review of the medical file indicates the patient has been prescribed Norflex since 04/15/2014. Given this medication has been prescribed for long term use, the request is not medically appropriate.

6 Physical Therapy Visits: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98, 99.

Decision rationale: This patient presents with left hand, left shoulder, and right side low back pain. The treater is requesting additional 6 physical therapy visits. Review of the medical file indicates the patient has been actively participating in home exercise program. Review of physical therapy progress notes indicates the patient received 9 sessions between 05/20/2014 and 06/05/2014. Each report indicates there is no change in pain, ROM, strength, or function. Patient reports decrease in symptoms post exercise; however, "it does not last." For physical medicine, MTUS pages 98 and 99 recommends for myalgia and myositis-type symptoms 9 to 10 sessions over 8 weeks. In this case, review of physical therapy progress reports indicates there is

no change in pain, ROM, strength, or function with treatment. It is not clear why the treater is requesting additional 6 treatments which did not produce improvement. Furthermore, the treater's request for 6 additional treatments, with the 9 already received, exceeds what is recommended by MTUS. The request is not medically necessary and appropriate.